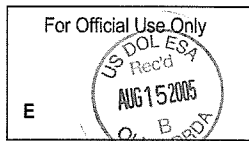


AMENDED REPORT
FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8340	2. Fiscal Year Covered From: <div style="text-align: center; margin-top: 10px;">1 / 1 / 2004 Through: 12 / 31 / 2004</div>
3. Name and address of person filing. Name Peter DiRaffaele P.O. Box, Bldg., Room No., if any Street 12 East Erie City Chicago State Illinois ZIP Code + 4 60611	4. Name, file number, and address of labor organization. Name Chicago Regional Council of Carpenters Labor Organization File Number 001-949 P.O. Box, Building and Room Number, if any Street 12 East Erie City Chicago State Illinois ZIP Code + 4 60611
5. Position in labor organization. Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div> 7.b. Amount. <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 10px;"></div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Peter DiRaffaele	On 8/9/05 312/988-1704 Date Telephone Number

Name of Person Filing Peter DiRaffaele	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Whitfield & McGann</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 2600</p> <p>Street 111 East Wacker Drive</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60601</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Business meals and promotion.</p> <p>11.b. Approximate dollar value of such dealing. \$250</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Goldberg, Weisman & Cairo</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 3400</p> <p>Street One East Wacker Drive</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60601</p>	<p>14.a. Nature of payment.</p> <p>Business meals and promotion.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$200</p>

Name of Person Filing Peter DiRaffaele

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Building Trades United Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 530

Street 500 Elm Grove Road

City Elm Grove

State Wisconsin ZIP Code + 4 53122-0530

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Attended Board Meeting on September 1, 2004, which included the service of a meal.

11.b. Approximate dollar value of such dealing.

\$32

12.a. Nature of interest held or income received.

12.b. Amount.